Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	
	C C00620583
Check if 24-hour report	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Boyds Direct	M M / D D / Y Y Y Y
Mailing Address 100B Maple Street	10 17 2016 Amount
City State Zip Code	37.50
Stoneham MA 02180-3147	Transaction ID : D603625 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 17 2016
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, J., ,	
Calendar Year-To-Date Per Election for Office Sought Disbute 267256.12 2016	
Tot Election for Office cought	Other (specify) -
Full Name of Payee Boyds Direct	Date of Public Distribution/Dissemination
Mailing Address 100B Maple Street	10 17 2016
1000 Mapic Girect	Amount
City State Zip Code	37.50
Stoneham MA 02180-3147	Transaction ID : D603627 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M = M / D = D / Y = Y = Y
Fliers Outsign 7 004 Type 004	10 17 2016
Name of Federal Candidate Support Office	e Sought: House District:
Rodham Clinton, Hillary, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 267256.12	
1 St. Zioston for Cities Cought	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	75.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
King, Crystal, , ,	* M / D = D / Y = Y = Y
[Electronically Filed] Date	21 2016
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	silicatic Ly	FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vorking America Coalition	C C00620583
Ch	neck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mosaic	10 17 2016
	Mailing Address 4801 Viewpoint Place	Amount
	City State Zip Code	270.00
	Cheverly MD 20781	Transaction ID : D603631 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:
	TRUMP DONALD. I	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 267256.12 Disbut 2016	rrsement For: Primary X General
	Fel Election for Office Sought	Other (specify)
	Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	Mailing Address 4801 Viewpoint Place	10 18 2016 Amount
	City State Zip Code Cheverly MD 20781	60.00 Transaction ID : D603697
	Purpose of Evpanditure	Date of Disbursement or Obligation
	Fliers Category/ Type 004	10 18 / 2016
	Name of Federal Candidate Support Office	e Sought: House District:
	D 11 O11 - 1 1111	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 267256.12	ursement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	330.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(F) 4 · 11 F) 11	0 21 2016
	Signature	2. 2010

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	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vorking America Coalition	C C00620583
Ch	neck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mosaic	10 18 2016
	Mailing Address 4801 Viewpoint Place	Amount
	City State Zip Code	270.00
	Cheverly MD 20781	Transaction ID : D603700 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	10 18 2016
	Name of Federal Candidate Support Office	Sought: House District:
	Rodham Clinton, Hillary	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 267256.12 Disbut 2016	rsement For: Primary General
		Other (specify) -
	Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	Mailing Address 4801 Viewpoint Place	10 18 2016 Amount
	City State Zip Code	90.00
	Cheverly MD 20781	Transaction ID : D603701 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	Sought: House District:
	D # 00 + 1100	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	360.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	King, Crystal, , , [Electronically Filed] Date	
	Signature	
_		

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OF

	silicatic Ly	FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vorking America Coalition	C C00620583
Ch	neck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Mosaic	10 18 2016
	Mailing Address 4801 Viewpoint Place	Amount
	City State Zip Code	300.00
	Cheverly MD 20781	Transaction ID : D603702 Date of Disbursement or Obligation
	Purpose of Expenditure Fliers Category/ Type 004	10 18 2016
	Name of Federal Candidate Support Office	Sought: House District:
	Rodham Clinton Hillary	President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 267256.12 Disbut 2016	rsement For: Primary General
	1 St. 2-100 1811 0 110 110 110 110 110 110 110 1	Other (specify) -
	Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
	Mailing Address 4801 Viewpoint Place	10 18 2016 Amount
	City State Zip Code	450.00
	Cheverly MD 20781	Transaction ID : D603705
	Purpose of Expenditure Fliers Category/ Type 004	Date of Disbursement or Obligation 10 18 2016
	Name of Federal Candidate Support Office	e Sought: House District:
		President Senate State:
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	750.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	King, Crystal, , , [Electronically Filed] Date 1	
	Signature	

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OF

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
IVIOSAIC	10 18 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	480.00
Cheverly MD 20781	Transaction ID : D603706 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Rodham Clinton, Hillary, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 267256.12	oursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 18 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	270.00
Cheverly MD 20781	Transaction ID : D603713 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 18 / 2016
Name of Federal Candidate Support Offic	ce Sought: House District:
TRUMP, DONALD, J., ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	750.00
	700.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Bato	10 21 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ENT EXIEND	TIONES	+	PAGE 6 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Working America Coalition			C	000620583
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D D / Y T Y T Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mosaic			10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		90.00
Cheverly	MD	20781	Transaction II Date of Disbur	D: D603714 rsement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	18 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:
TRUMP, DONALD, J., ,		X Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		267256.12	Disbursement For: 2016 Other (spe	Primary X General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Mosaic			10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		300.00
Cheverly	MD	20781	Transaction ID Date of Disbut	: D603715 rsement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	18 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:
TRUMP, DONALD, J., ,		x Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	267256.12	Disbursement For: 2016 Other (spe	Primary ✗ General
(a) SUBTOTAL of Itemized Independent Expendent	litures			390.00
			-	7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•	792
(c) TOTAL Independent Expenditures)	
Under penalty of perjury I certify that the indepwith, or at the request or suggestion of, any car party committee) any political party committee or	didate or authorize			
King, Crystal, , ,	[Electron	nically Filed] Date	10 21	2016
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New	w report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State	Zip Code 450.00
Cheverly MD	20781 Transaction ID : D603716 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004 10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District:
TRUMP, DONALD, J., ,	Coppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)
Full Name of Payee Mosaic	Date of Public Distribution/Dissemination
Mailing Address 4801 Viewpoint Place	10 18 2016 Amount
City State	Zip Code 480.00
Cheverly MD	20781 Transaction ID : D603717 Date of Disbursement or Obligation
Purpose of Expenditure Fliers	Category/ Type 004 10 18 / 2016
Name of Federal Candidate	Support Office Sought: House District:
TRUMP, DONALD, J., ,	Oppose President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	930.00
(b) SUBTOTAL of Unitemized Independent Expenditures	————
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	itures reported herein were not made in cooperation, consultation, or concert orized committee or agent of either, or (if the reporting entity is not a political
	ectronically Filed] Date 10 21 2016
Signature	

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OF

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	NDENT EXPEND	ITOTILS		PAGE 8 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report X 48-hour rep	ort New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee Petel & Co.			Date of Publ	ic Distribution/Dissemination
			10	19 / 2016
Mailing Address 1209 Fairmonth St. NW			Amount	
City	State	Zip Code		21790.22
Washington	DC	20009		ID: D604271 oursement or Obligation
Purpose of Expenditure Direct Mail		Category/ Type 004	M M M	19 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	x President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		267256.12	Disbursement For: 2016 Other (s	Primary ✗ General pecify) ▶
Full Name of Payee Mosaic			Date of Pub	lic Distribution/Dissemination
			10	19 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		150.00
Cheverly	MD	20781	Transaction Date of Disk	D: D604272 pursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	19 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	x President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		267256.12	Disbursement For: 2016 Other (s	Primary X General specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	aandituraa			2,200
(a) SOBTOTAL OF REMIZED INDEPENDENT EX	Jerialiures		7	21940.22
(b) SUBTOTAL of Unitemized Independent	Expenditures		. >	
(c) TOTAL Independent Expenditures			•	7.1.5.1
Under penalty of perjury I certify that the in with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
King, Crystal, , ,	[Electron	ically Filed] Date	10 / 21	2016
J.g				

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI END	TIONES		PAGE 9 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Mosaic			10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		210.00
Cheverly	MD	20781	Transaction Date of Disbu	
Purpose of Expenditure Fliers		Category/ Type 004	10	19 / 2016
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		267256.12	Disbursement For: 2016 Other (sp	Primary ✗ General pecify) ▶
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Mosaic			10	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		240.00
Cheverly	MD	20781	Transaction II Date of Disb	D: D604274 ursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	19 / 2016
Name of Federal Candidate		x Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	, , ,	267256.12	Disbursement For: 2016 Other (s	Primary ✗ General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures			450.00
#X-11				7 7
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
King, Crystal, , ,	[Electron	nically Filed] Date	10 / 21	2016
Signature				

Solicatic Ly				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Working America Coalition			С	C00620583
Check if 24-hour report 48-hour report	port New repo	ort Amends report	filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
Mosaic			10 ^M	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		180.00
Cheverly	MD	20781		on ID : D604275 isbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	
Name of Federal Candidate		X Support (Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	x President	Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement For	r: Primary X General (specify) ▶
Full Name of Payee				rublic Distribution/Dissemination
Mosaic			Date of Pt	
Mailing Address 4801 Viewpoint Place			Amount	10 2010
City	State	Zip Code		240.00
Cheverly	MD	20781		on ID : D604276 Disbursement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	
Name of Federal Candidate		✗ Support	Office Sought:	House District:
Rodham Clinton, Hillary, , ,		Oppose	President	Senate State:
Calendar Year-To-Date Per Election for Office Sought			Disbursement Fo 2016 Other	or: Primary X General
(a) SUBTOTAL of Itemized Independent Exp	enditures		·	420.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures		.	2
(c) TOTAL Independent Expenditures			.	7 7
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
King, Crystal, , ,	[Electroni	ically Filed] Date		21 2016
Signature				

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	60.00
Cheverly MD 20781	Transaction ID : D604277 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 7 2016
Name of Federal Candidate Support Offic	e Sought: House District:
Rodham Clinton Hillany	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb. 267256.12	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	90.00
Cheverly MD 20781	Transaction ID : D604278 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Rodham Clinton, Hillary, , ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disb 2016	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	150.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	10 21 2016
Signature	

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	90.00
Cheverly MD 20781	Transaction ID : D604279 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10
Name of Federal Candidate	Office Sought: House District:
Rodham Clinton, Hillary, , ,	President Senate State:
Odicildal Iodi Io Dato	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	360.00
Cheverly MD 20781	Transaction ID : D604280 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 2016
Name of Federal Candidate	Office Sought: House District:
D # 05 / 150	President Senate State:
	Disbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	450.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	10 21 2016
Signature	

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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	450.00
Cheverly MD 20781	Transaction ID : D604281 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 7 2016
Name of Federal Candidate Support Off	fice Sought: House District:
Rodham Clinton Hillary	X President Senate State:
Calendar Year-To-Date Per Election for Office Sought Dis 267256.12	sbursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	150.00
Cheverly MD 20781	Transaction ID : D604282 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 2016
Name of Federal Candidate Support Off	fice Sought: House District:
	X President Senate State:
	sbursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	600.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = 10
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Mosaic	M 10
Mailing Address 4801 Viewpoint Place Am	ount
City State Zip Code	1050.00
Cheverly MD 20781 Tra	Insaction ID : D604283 te of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 7 2016
Name of Federal Candidate X Support Office Sou	ight: House District:
Rodham Clinton, Hillary, , , Oppose Pres	
Calendar Year-To-Date Per Election for Office Sought Disbursem 267256.12	nent For: Primary X General Other (specify) ▶
Full Name of Payee Dat	te of Public Distribution/Dissemination
Mosaic	10 19 2016
Mailing Address 4801 Viewpoint Place	nount
City State Zip Code	90.00
Cheverly MD 20781 Tran	nsaction ID : D604284 te of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District:
	sident Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursem 2016	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date 10	/ 21 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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	Siledule Ly	FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
٧	Vorking America Coalition	C C00620583	
Ch	neck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y	
	Full Name of Payee	Date of Public Distribution/Dissemination	
	Mosaic	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 4801 Viewpoint Place	Amount	
	City State Zip Code	150.00	
	Cheverly MD 20781	Transaction ID : D604299 Date of Disbursement or Obligation	
	Purpose of Expenditure Fliers Category/ Type 004	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Name of Federal Candidate Support Office	e Sought: House District:	
	TRUMP DONALD I	President Senate State:	
	Calendar Year-To-Date Per Election for Office Sought Disbut 267256.12 2016	ursement For: Primary X General	
	Tel Election for Office Sought	Other (specify)	
	Full Name of Payee Mosaic	Date of Public Distribution/Dissemination	
	Mailing Address 4801 Viewpoint Place	10 19 2016 Amount	
	City State Zip Code Cheverly MD 20781	210.00 Transaction ID : D604300	
	Purpose of Evpenditure	Date of Disbursement or Obligation	
	Fliers Category/ Type 004	10 19 / 2016	
	Name of Federal Candidate Support Office	e Sought: House District:	
	TRUMP, DONALD, J., ,	President Senate State:	
	Calendar Year-To-Date Per Election for Office Sought Disbut 267256.12	ursement For: Primary General Other (specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures	360.00	
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	(17) 4 1 17 17 17	0 21 2016	
	Signature		

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ENT EXIEND	TIONES	⊢	PAGE 16 OF 22 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Working America Coalition			C	000620583
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Mosaic			10	19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		240.00
Cheverly	MD	20781	Transaction ID Date of Disbur	D: D604301 sement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	19 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:
TRUMP, DONALD, J., ,		X Oppose	x President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	.,,	267256.12	Disbursement For: 2016 Other (spe	Primary ✗ General ecify) ▶
Full Name of Payee	_		Date of Public	Distribution/Dissemination
Mosaic			10	19 / 2016
Mailing Address 4801 Viewpoint Place			Amount	
City	State	Zip Code		180.00
Cheverly	MD	20781	Transaction ID Date of Disbut	: D604302 rsement or Obligation
Purpose of Expenditure Fliers		Category/ Type 004	10	19 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:
TRUMP, DONALD, J., ,		x Oppose	✗ President	Senate State:
Calendar Year-To-Date Per Election for Office Sought		267256.12	Disbursement For: 2016 Other (spe	Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures			420.00
			7	7 7
(b) SUBTOTAL of Unitermized Independent Expenses	enditures		· •	4
(c) TOTAL Independent Expenditures			•	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
King, Crystal, , ,	[Electron	nically Filed] Date	10 21	2016
Olynatul C				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	240.00
Cheverly MD 20781	Transaction ID : D604303 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 2016
Name of Federal Candidate Support C	Office Sought: House District:
TRUMP, DONALD, J., ,	resident Senate State:
Odioridal Todi To Dato	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	60.00
Cheverly MD 20781	Transaction ID : D604304 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 2016
Name of Federal Candidate Support	Office Sought: House District:
TRUMP, DONALD, J., , Oppose	President Senate State:
	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	300.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	10 21 2016
Signature	

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends	report filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	90.00
Cheverly MD 20781	Transaction ID : D604305 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004 10 19 7 2016
Name of Federal Candidate Suppo	ort Office Sought: House District:
TRUMP, DONALD, J., ,	
Calendar Year-To-Date Per Election for Office Sought 267256.12	Disbursement For: Primary General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	Date of Public Distribution/Dissernination
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	90.00
Cheverly MD 20781	Transaction ID : D604306 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type	004
Name of Federal Candidate Suppo	ort Office Sought: House District:
TRUMP, DONALD, J., ,	
Calendar Year-To-Date Per Election for Office Sought 267256.12	Disbursement For: Primary General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	180.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······ >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or agreement committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed]	Date 10 21 2016
Signature	

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report fill	led on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	360.00
Cheverly MD 20781	Transaction ID : D604309 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	M 10 / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District:
TRUMP DONALD I	X President Senate State:
Calendar Year-To-Date Per Election for Office Sought Display:	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	450.00
Cheverly MD 20781	Transaction ID : D604310 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 2016
Name of Federal Candidate Support Of	ffice Sought: House District:
TRUMP, DONALD, J., , Oppose	X President Senate State:
	sbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	810.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date	10 21 2016
Signature	

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Working America Coalition	C C00620583
Check if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	150.00
Cheverly MD 20781	Transaction ID : D604311 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP DONALD I	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 267256.12	ursement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mosaic	10 19 2016
Mailing Address 4801 Viewpoint Place	Amount
City State Zip Code	1050.00
Cheverly MD 20781	Transaction ID : D604312 Date of Disbursement or Obligation
Purpose of Expenditure Fliers Category/ Type 004	10 19 / 2016
Name of Federal Candidate Support Office	e Sought: House District:
TRUMP, DONALD, J., ,	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbut 267256.12	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	1200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
King, Crystal, , , [Electronically Filed] Date 1	0 21 2016
Signature	

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Sc	chedule E)	1101120		PAGE 21 OF 22 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC I	DENTIFICATION NUMBER ▼
W	orking America Coalition		C	C00620583
 Che	eck if 24-hour report X 48-hour report X New report	port Amends repor	ort filed on	/ D = D / Y = Y = Y
T	Full Name of Payee Mosaic			lic Distribution/Dissemination
-	Mailing Address 4801 Viewpoint Place		10	19 / 2016
	4001 Viewpolitt Flace		Amount	
ı	City State	Zip Code		90.00
	Cheverly MD	20781		ID: D604313 oursement or Obligation
	Purpose of Expenditure Fliers	Category/ Type 004	10	19 2016
Ī	Name of Federal Candidate	Support	Office Sought:	House District:
	TRUMP, DONALD, J., ,	X Oppose	✗ President	Senate State:
	Calendar Year-To-Date Per Election for Office Sought	267256.12	Disbursement For: 2016 Other (s	Primary X General specify) ▶
I	Full Name of Payee		Date of Publ	lic Distribution/Dissemination
1	Petel & Co.		M - M 10	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1209 Fairmonth St. NW			.0
1			Amount	
Ì	City State	Zip Code		4250.00
	Washington DC	20009	Transaction I Date of Disb	ID: D604316 oursement or Obligation
	Purpose of Expenditure Fliers	Category/ Type 004	10 ^M	19 / 2016
	Name of Federal Candidate	Support	Office Sought:	House District:
	TRUMP, DONALD, J., ,	X Oppose	X President	Senate State:
	Calendar Year-To-Date Per Election for Office Sought	267256.12	Disbursement For: 2016 Other (s	Primary X General specify) ▶
_				
((a) SUBTOTAL of Itemized Independent Expenditures		•	4340.00
(b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures		>	7 1 7
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	King, Crystal, , , [Electron.	nically Filed] Date	9 10 21	2016
	Signature			

	Siledule Ly	FOR SE OF FORM 24/48	
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
V	Vorking America Coalition	C C00620583	
Ch	neck if 24-hour report 48-hour report New report Amends report filed	on Mam / Dad / Yayayay	
	Full Name of Payee	Date of Public Distribution/Dissemination	
	Petel & Co.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	Mailing Address 1209 Fairmonth St. NW	Amount	
	City State Zip Code	4250.00	
	Washington DC 20009	Transaction ID : D604317 Date of Disbursement or Obligation	
	Purpose of Expenditure Fliers Category/ Type 004	10 19 2016	
	Name of Federal Candidate Support Office	Sought: House District:	
	Rodham Clinton Hillary	President Senate State:	
	Calendar Year-To-Date Per Election for Office Sought Disbut 267256.12 2016	rrsement For: Primary General	
	1 St. 2-100.001 (51.10 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Other (specify) -	
	Full Name of Payee Mack-Sumner Communications, LLC.	Date of Public Distribution/Dissemination	
	Mailing Address 2001 N. Beauregard Street	10 19 2016	
	Suite 420	Amount	
	City State Zip Code	2200.00	
	Alexandria VA 22311	Transaction ID : D604873 Date of Disbursement or Obligation	
	Purpose of Expenditure Estimated Cost for Printing - Canvassing Literature Category/ Type 004	10 19 / 2016	
	Name of Federal Candidate Support Office	e Sought: House District:	
	Rodham Clinton, Hillary, , ,	President Senate State:	
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary General Other (specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures	6450.00	
	(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures	42795.22	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
	(7) (1) 7 1 1	0 21 2016	
	Signature		
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